

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MISSOURI

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Sharie Camp  
Plaintiff  
vs.  
Children's Division  
Defendant

CLERK U.S. DIST. COURT  
WEST. DIST. OF MO.  
KANSAS CITY, MO.  
4:18-CV-350-MJW  
Case No. \_\_\_\_\_

**AFFIDAVIT OF FINANCIAL STATUS**

I, Sharie Camp, declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

**I. MARITAL STATUS AND PERSONAL DATA**

- A. Single: ☒ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_
- B. Name of Spouse: N/A
- C. Age of plaintiff, petitioner or complainant: Thirty-one
- D. Age of spouse: N/A
- E. Address of plaintiff, petitioner or complainant: 11921 Newton Ave. Apt. 39 Grandview, MO. 64030  
Telephone: (816)-372-7603
- F. Address of spouse: N/A  
Telephone: N/A

- G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

Nikell Young (Age) three year's old  
11921 Newton Ave. Apt. 39 Grandview, MO. 64030  
(My son) \$250.00 to \$300.00

## II. EMPLOYMENT

- A. Name of employer: Sonic Drive-In

Address of employer: 10455 Blue Ridge Blvd, KC MO. 64134

Employer's telephone: (816)-761-1101 Length of employment: A week.

Job title or description: Carhop

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ 100.00

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ 188.00

Does employer provide health insurance: Yes \_\_\_\_\_ No ✓

If employer provides health insurance, describe coverage: N/A

- B. Previous employment (Answer only if presently unemployed)

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

C. Employment of spouse:

Name of employer: N/A

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

**III. FINANCIAL STATUS**

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes \_\_\_\_\_ No ✓

If yes - Description: \_\_\_\_\_

Address: \_\_\_\_\_

In whose name? \_\_\_\_\_

Estimated value: \_\_\_\_\_

Total amount owed: \_\_\_\_\_

Owed to: \_\_\_\_\_

Annual income from property: \_\_\_\_\_

B. Owner of automobile: Yes \_\_\_\_\_ No ✓

If yes - Number of automobiles owned: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

In whose name registered? \_\_\_\_\_

Present value: \_\_\_\_\_

Amount owed on the automobile(s): \_\_\_\_\_

Owed to: \_\_\_\_\_

Monthly payment(s): \_\_\_\_\_

- C. Cash on hand: (Include checking and savings accounts)

\$ N/A

List names and addresses of banks and associations:

\_\_\_\_\_

**Please do not state account numbers.**

- D. Have you received within the past 12 months any money from any of the following sources:

	Yes	No
Rent payments, interest or dividends?	<u>✓</u>	<u>      </u>
Pensions, trust funds, annuities or life Insurance payments?	<u>      </u>	<u>✓</u>
Gifts or inheritances?	<u>      </u>	<u>✓</u>
Welfare Payments?	<u>✓</u>	<u>      </u>
ADC or other governmental child support?	<u>      </u>	<u>✓</u>
Unemployment benefits?	<u>      </u>	<u>✓</u>
Social Security Benefits	<u>✓</u>	<u>      </u>
Other sources?	<u>      </u>	<u>✓</u>

- E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

Housing Authority: \$634.00 monthly

Welfare Food Stamps: \$200.00 (TANF) \$136.00 monthly

Social Security Benefits and Supplement: \$770.00 monthly

## IV.

## OBLIGATIONS

A. Monthly rental on house or apartment: \$106.00B. Monthly mortgage payments on house: None

Amount of equity in house: \_\_\_\_\_

C. Monthly mortgage payments on other properties: \$ N/A

Amount of equity in other properties: \$ \_\_\_\_\_

D. Household expenses: \$300.00 monthlyMonthly grocery expense: 250.00

Monthly utilities:

Gas: NoneElectric: \$90.00Water: \$30.00Other: (Specify) Cable \$68.00 Phone \$30.00 Wifi for sbher \$49.00

E. Other debts and miscellaneous monthly expenses:

TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE



V.

**OTHER INFORMATION PERTINENT TO FINANCIAL STATUS**

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

N/A

I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.

Sharon Camp  
Signature of Plaintiff or Plaintiffs

**VERIFICATION**

State of Missouri )  
County of Jackson )

I, being first duly sworn under oath, state that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.

Sharon Camp

Signature of Plaintiff or Plaintiffs

**All parties must verify**

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of May, 20 18

Mary J Burdett

Notary Public

March 13, 2021

My Commission Expires

MARY J BURDETT  
Notary Public-Notary Seal  
STATE OF MISSOURI  
Jackson County  
My Commission Expires March 13, 2021  
Commission # 17920385